

Refine Search

Search Results -

Term	Documents
(3 AND 8).PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD.	12
(L8 AND L3).PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD.	12

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L9

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<u>L9</u>	L8 and L3	12	<u>L9</u>
<u>L8</u>	L7 and spiral	1202	<u>L8</u>
<u>L7</u>	pulse with pair	50306	<u>L7</u>
<u>L6</u>	L5 and supress	0	<u>L6</u>
<u>L5</u>	L4 and (non-selective)	39	<u>L5</u>
<u>L4</u>	L3 and (RF adj pulse)	476	<u>L4</u>
<u>L3</u>	(slice with select with pulse)	609	<u>L3</u>
<u>L2</u>	L1 and (background) with (tissue or fat or blood)	5	<u>L2</u>
<u>L1</u>	Crush\$3 with (gradient with pulse)	105	<u>L1</u>

END OF SEARCH HISTORY

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Set	Items	Description
S1	1910942	S MRI OR MAGNETIC(1W)(IMAG? OR IMAGING) OR MAGNETIC(W)RESONAN? OR NMR OR NUCLEAR()MAGNETIC()RESONANCE OR FTNMR OR FTMRI
S2	178341	S MAGNETORESONANCE OR PMR OR PROTON(W)MAGNETIC(W)RESONAN? OR MR()(IMAGE? OR IMAGING)
S3	7517	S MC=(S01-E02A2 OR S03-E07A OR S01-E02A8A OR S01-E02A1 OR S03-E07C OR S05-D02B1 OR S03-C02F1)
S4	49039	IC=(G01N-024/08 OR G01V-003/A75 OR G01R-033/56F OR G01V-003/00) FROM 2, 155, 5, 6, 8, 73, 94, 35, 144, 105, 99, 58, 34, 434, 292, 89, 65, 360, 239, 347, 305, 350, 162, 164, 357, 315, 23, 46, 68, 60, 33, 335, 294
S5	22261	S CC=(A0758 OR A8760I OR B7510N)
S6	1984743	S S1:S5
S7	14621323	S SUPPRESS???? OR REPRESS???? OR RESTRAIN???? OR SUBDUE? OR REDUC????
S8	5406	S BACKGROUND(3N)TISSUE
S9	38813	S PULSE(3N)SEQUENC?
S10	6255	S SPIN(3N)(LOCK? OR SUPPRESS?)
S11	42102	S REGION(2N)INTEREST OR ROI? ?
S12	101	S S7(3N)S8
S13	3597	S S6 AND (S12 OR S10)
S14	49	S S6 AND S12
S15	10	S S14 AND (S9 OR S10 OR S11)
S16	3	RD (unique items)
S17	14	S S10 AND S11
S18	11	S S17 AND S6
S19	11	S S18 NOT S16
S20	6	RD (unique items)
S21	80244	S PULSE AND SEQUENCE?
S22	33	S S21 AND S1 AND S8
S23	31	S S22 NOT (S16 OR S20)
S24	18	RD (unique items)

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12667597 PMID: 10587868

Breath-hold 3D MR angiography of the renal vasculature using a contrast-enhanced multiecho gradient-echo technique.

Papachristopoulos G; Bis K G; Shetty A N; Ross M; Bagga H; Shirkhoda A; Laub G

Department of Diagnostic Radiology, William Beaumont Hospital, Royal Oak, Michigan 48073, USA.

Investigative radiology (UNITED STATES) Dec 1999 , 34 (12) p731-8 , ISSN: 0020-9996 Journal Code: 0045377

Publishing Model Print

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OBJECTIVE: Significant evolution of contrast-enhanced MR angiography for evaluating vascular diseases in the abdomen has occurred during the past several years. The state-of-the-art gradient-echo imaging technique employs a short echo time (TE) and a short repetition time (TR) for rapid vascular imaging with contrast-enhanced MR angiography. However, because of the short TR (< or = 3.8 msec), the background stationary tissue becomes saturated, with resultant poor contrast resolution of visceral organs. The authors present a new approach to vascular imaging using a multiecho gradient-echo technique with a TR sufficiently long (41 msec) to image the renal vasculature and parenchyma without **background tissue suppression**. **METHODS:** Twenty-four partitions (3D slab thickness = 72 mm) with an in-plane resolution of 224 x 256 were obtained in 21 seconds. Three measurements were performed with an interscan delay of 8 seconds. In the **pulse sequence**, the partition loop is defined as the innermost loop, in which Kz views are acquired centrically for a fixed Ky, followed by Ky views in a conventional linear or sequential order. The partition encodings are segmented to permit multiple encodings in which two TR loops were used to span a total of 24 echoes with 12 along the positive and 12 along the negative direction in k space. A large bandwidth of 650 Hz/pixel was used to keep the echo train length short, with an echo spacing of 1.86 msec. A frequency-selective fat saturation pulse was placed before slab-selective excitation. The other parameters in the **pulse sequence** were TR/TE/flip = 41/2.2/45; the field of view was 360 to 390 mm. Maximum intensity projections of each 3D contrast-enhanced measurement were performed. The vascular-to-background contrast, bowel-related magnetic susceptibility artifact, and background stationary signals were subjectively graded. The authors examined the utility of this technique in 16 randomly selected patients (3 normal, 13 abnormal) with varied renal vasculature and parenchymal abnormalities. Results were confirmed with conventional x-ray angiography, surgery, or clinical follow-up. **RESULTS:** Vascular-to-background contrast was graded as very good (grade III/III) in all cases. The bowel-related magnetic susceptibility artifacts were not considered significant. **Background** visceral organ soft tissue contrast was not **suppressed** and was graded as good (grade III/III) in all cases. Eight hemodynamically significant (> 50% diameter) stenoses in seven patients were accurately assessed (one with fibromuscular dysplasia). Three patients with renal masses (two with renal cell carcinoma and one with renal lymphoma) were accurately assessed for arterial anatomy and venous extension. Other renal venous abnormalities seen were retroaortic renal vein (n = 1), chronic occlusion (n = 1), and accessories (total of five) (n = 1).

CONCLUSIONS: Rapid breath-hold contrast-enhanced MR angiography of the renal vasculature with a multiecho gradient-echo using a long TR depicted the renal vasculature with high vessel-to-background contrast without

significant bowel-related susceptibility artifact and without **background** visceral organ **tissue** signal suppression, resulting in high **background** soft tissue contrast resolution.

Tags: Comparative Study; Research Support, Non-U.S. Gov't

Descriptors: *Carcinoma, Renal Cell--diagnosis--DI; *Contrast Media--administration and dosage--AD; *Heterocyclic Compounds--diagnostic use--DU; *Kidney Neoplasms --diagnosis--DI; *Lymphoma--diagnosis--DI; *Magnetic Resonance Angiography--methods--MT; *Organometallic Compounds --diagnostic use--DU; *Renal Artery--pathology--PA; *Renal Veins--pathology --PA ; Artifacts; Carcinoma, Renal Cell--blood supply--BS; Diagnosis, Differential ; Gadolinium--diagnostic use--DU; Heterocyclic Compounds--administration and dosage--AD; Humans; Kidney Neoplasms--blood supply--BS; Organometallic Compounds--administration and dosage--AD; Respiration

CAS Registry No.: 0 (Contrast Media); 0 (Heterocyclic Compounds); 0 (Organometallic Compounds); 112188-16-6 (gadoteridol); 7440-54-2 (Gadolinium)

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BLOODS	1005
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